

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2		1					52								
3		2					53								
4	1						54								
5		1					55								
6		2					56								
7		3					57								
8		4					58								
9	1						59								
10	1						60								
11							61								
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44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	8						TOTAL DEP.								
TOTAL CLAIMS	12						TOTAL CLAIMS								